

California Board of Behavioral Sciences

LICENSED CLINICAL SOCIAL WORKER STANDARD WRITTEN EXAMINATION CANDIDATE HANDBOOK



For Examinations April 1, 1999 and Later

REVISED 01/04

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FOR MORE INFORMATION

All questions about written examination scheduling
should be directed to:

Experior
1260 Energy Lane
St. Paul, MN 55108
TDD User: 800.790.3926
Voice: 800.897.2046
Web site: www.experioronline.com

Questions about examination content or licensing
should be directed to:

Board of Behavioral Sciences
400 R Street, Suite 3150
Sacramento, CA 95814-6240
916.445.4933
Web site: www.bbs.ca.gov

GENERAL GUIDELINES AND INFORMATION

This handbook provides candidates with important information regarding the California Licensed Clinical Social Worker (LCSW) Standard Written examination process and content. The Board strongly recommends that candidates thoroughly read and study from this handbook to contribute to a successful examination experience.

Objective of the Board of Behavioral Sciences (BBS)

State licensing boards are mandated to protect the public by developing examinations that determine minimum competency for licensure. Licensure is mandated for those who provide independent professional services to consumers.

In accordance with Sections 4996.1 and 4996.3 of the California Business and Professions Code, and Section 1877 of the California Code of Regulations, applicants for LCSW licensure must pass a Board-administered written or oral examination or both examinations. An applicant who passes the initial “Standard Written” examination is subsequently required to take and pass the Written “Clinical Vignette” examination prior to issuance of the license. The Board does not currently require an oral examination.

Candidates are tested with regard to their knowledge and professional skills, as well as the ability to make judgments about appropriate techniques and methods, as applicable to the LCSW scope of practice. Business and Professions Code section 4996.9, defines the LCSW scope of practice as “...a service in which a special knowledge of social resources, human capabilities, and the part that unconscious motivation plays in determining behavior, is directed at helping people to achieve more adequate, satisfying, and productive social adjustments. The application of social work principles and methods includes, but is not restricted to, counseling and using applied psychotherapy of a nonmedical nature with individuals, families, or groups; providing information and referral services; providing or arranging for the provision of social services; explaining or interpreting the psychosocial aspects in the situations of individuals, families, or groups; helping communities to organize, to provide, or to improve social or health services; or doing research related to social work.”

LCSW Examination Plan

The development of an examination program begins with an occupational analysis, most recently completed for LCSWs in 1998. An occupational analysis is a method for identifying the tasks performed in a profession or on a job and the knowledge, skills, and abilities required to perform that job.

The results of an occupational analysis form the basis of a licensing examination, demonstrating that an examination is

job-related. The Department of Consumer Affairs’ Examination Validation Policy requires an occupational analysis be performed every three to seven years. Last performed in 1998 for the LCSW profession, the analysis began with interviews of licensees to gather information about the tasks performed in practice and the knowledge required to perform those tasks. That information was reviewed and refined during workshops with licensees, then incorporated into a questionnaire. The questionnaire asked licensees to rate the importance of (for example) each task and knowledge area associated with their own practice.

The questionnaires were mailed to 2,100 LCSWs throughout California. Several panels of LCSWs reviewed the results of the questionnaire. The panels then established the content of the new examination plan based on the task statements and knowledge areas determined critical to practice, forming a valid LCSW examination plan.

The LCSW Standard Written examination plan consists of the nine content areas listed on Page 8. In each content area, the examination plan describes examination content in terms of the task statements and knowledge areas resulting from the occupational analysis. **It is important that candidates prepare for the examination by studying the examination plan.**

Examination Development

The LCSW examinations are developed and maintained by the Office of Examination Resources (OER), a division of the Department of Consumer Affairs. The OER staff consists of test validation and development specialists who are trained to develop and analyze occupational licensing examinations. LCSWs who participate in examination development and review workshops are referred to as “Subject Matter Experts” (SMEs). SMEs write and review multiple-choice items for the examinations. SMEs are trained on established examination development processes and measurement methodologies by the OER. The cooperative efforts among these members of the LCSW profession, the OER and the BBS are necessary to achieve both the measurement and content standards for examination construction.

Establishing the Passing Standards

The LCSW written examinations measure knowledge and skills required for LCSW practice, and represent a standard of performance that LCSW SMEs agree is the minimum acceptable level for licensing in the profession.

To establish pass/fail standards for each version of the Standard Written examination, a criterion-referenced passing score methodology is used. The intent of this methodology is to differentiate between a qualified and unqualified licensure candidate. The passing score is based on a minimum competence criterion that is defined in terms of the actual

behaviors that qualified LCSWs would perform if they possessed the knowledge necessary to perform job activities.

During a criterion-referenced passing score procedure, a panel of LCSW SMEs also consider other factors that would contribute to minimum competence such as prerequisite qualifications (e.g., education, training and experience); the difficulty of the issues addressed in each multiple choice item; and public health and safety issues. By adopting a criterion-referenced passing score, the Board applies the same

minimum competence standards to all licensure candidates. Because each version of the examination varies in difficulty, an important advantage of this methodology is that the passing score can be modified to reflect subtle differences in difficulty from one examination to another, providing safeguards to both the candidate and the consumer. A new version of the examination is implemented a minimum of two times per year to maintain examination security and the integrity of the licensing process.

THE EXAMINATION PROCESS

Examination Administration through Exporior

The state of California has contracted with Exporior Assessments, LLC (Exporior®) of St. Paul, Minn., to conduct its examination program. LCSW candidates may test at any of Exporior's eight California testing centers, which are located in San Diego, San Francisco, Fresno, Fremont, Rancho Cordova, Van Nuys, Cerritos and Colton. Other testing site locations may be added, based on anticipated statewide candidate volume.

All questions and requests for information about examination administration should be directed to:

Exporior
1260 Energy Lane
St. Paul, MN 55108
TDD User: 800.790.3926
Voice: 800.897.2046

Scheduling the Examination

APPOINTMENTS AND CANCELLATIONS

Upon receipt of your notice of eligibility (printed on the back cover of this handbook), you must arrange the time and place for taking your Standard Written examination (original or retake) by calling 800.897.2046 between 5 a.m. and 6 p.m. Pacific time, Monday through Friday. You may take your examination at any California Exporior testing center. Please see the maps on Pages 20 and 21. Appointments are available six days per week at most centers. Schedule your test early to get your preferred site and time, preferably within 90 days from the date of your notice of eligibility.

If you miss or are late for your appointment, you will forfeit your examination fee. If you need to change your appointment between the time of scheduling and the test date, you must contact Exporior **three full working days** before your scheduled date to allow time to refill your appointment slot. Your scheduled date does not count as a working day. For example, if you are scheduled on a Thursday, you must call to reschedule by 6 p.m. the prior Friday. After that time, you must contact the Board for instructions on rescheduling. You may reschedule your examination by calling Exporior at 800.897.2046.

EXAMINATION ELIGIBILITY EXPIRATION

FIRST TIME EXAMINEES: Examination eligibility expires and an application is deemed abandoned, if the applicant fails to sit for examination within one year after being notified of eligibility.

RE-EXAMINATION APPLICANTS: Examination eligibility expires and an applicant becomes ineligible to sit for examination when an applicant fails any written examination and does not retake the examination within one year from the date of that failure.

EMERGENCY CLOSURE

In the event of an emergency, Exporior may need to cancel scheduled examinations. In this situation, Exporior personnel will attempt to contact you via telephone; however, you may confirm your scheduled test by calling Exporior at 800.897.2046. If a site is closed, exams will be rescheduled at your earliest convenience, at no cost to you. To reschedule your examination, call the toll-free number.

Taking the Standard Written Examination

Your examination will be given by computer at an Exporior testing center. You should arrive at least 15 minutes before your scheduled appointment to allow time for you to sign in, verify your identification and have your photo taken. You will have a maximum of four hours to take the examination. You do not need any computer experience or typing skills. You will have a personalized introduction to the testing system and an introductory lesson (tutorial) on the computer before you start your test. The time you spend in the tutorial does not count toward the time provided for your examination.

Exporior's Web site provides a demonstration of Exporior's computer-based testing system. The demonstration is intended to give candidates an idea of the look and feel of the examination screens. It is not intended to be a study tool. To view the demonstration, go to www.exporioronline.com and click on *Other*, then choose *California*. Click *CBT Demo* on the right-hand side of the screen.

You must provide a valid form of identification before you may test. Your identification must meet the following criteria:

- be government-issued (driver's license, state-issued identification card or military identification);
- have a current photo and your signature; and
- reflect the same name as the name used to register for the examination (including designations such as "Jr." or "III," etc.).

FAILURE TO PROVIDE APPROPRIATE IDENTIFICATION AT THE TIME OF THE EXAMINATION IS CONSIDERED A MISSED APPOINTMENT.

If you cannot provide the identification as listed above, contact Experior before scheduling your appointment to arrange for an alternative form of meeting this requirement.

If you reported a name change to the Board after your eligibility was transmitted to Experior, ensure the name on your identification matches Experior's record prior to your examination.

Should you experience any disruption or difficulty during your examination, it is your responsibility to notify a proctor immediately so that the situation may be resolved whenever possible.

Examination Security

BBS SECURITY REQUIREMENTS

The BBS and the OER are committed to maintaining the security and the confidentiality of all examination materials during every phase of development, implementation and storage. If a candidate is found in violation of any security procedure, the following actions may be taken: the candidate's results may be delayed; the candidate's examination materials may be voided; and/or the candidate's application for future examinations may be denied. The BBS strictly enforces examination security and will prosecute any individual who has been determined to be in violation of statutes pertaining to security.

Prior to receipt of your notice of eligibility for the Standard Written examination, you will be required to sign a security agreement. When you sign this agreement, you are affirming that you fully understand that you are responsible for upholding examination security in accordance with Business and Professions Code sections 496 and 497. In accordance with the law, a violation of any of the rules listed below will result in disqualification as a candidate and could result in an administrative action and/or denial of an LCSW license by the BBS.

Candidates are neither permitted to discuss the content of the examination nor remove examination materials from the testing sites at any time. All examinations and related materials are copyrighted by the BBS and Experior. All examination materials are confidential.

A candidate taking the LCSW licensing examination is required to follow the provisions of Business and Professions Code sections 123 and 584 and is NOT allowed to do any of the following:

- have an impersonator take the examination on one's behalf;
- impersonate another to take the examination on that person's behalf;
- communicate examination content with another examinee or with any person other than BBS examination staff;
- reproduce or make notes of examination materials and/or content and reveal them to others who are preparing to take the LCSW examination, or to those who are preparing other candidates to take such an examination; and
- obstruct the administration of the examination in any way.

EXPERIOR SECURITY PROCEDURES

The following security procedures will apply during the examination:

- examination contents are confidential and proprietary. No cameras, notes, tape recorders, pagers or cellular phones are allowed in the testing room;
- no programmable calculators are permitted;
- no guests, visitors or family members are allowed in the testing or reception areas; and
- no valuables or weapons should be brought to the testing center. Only keys and wallets may be taken into the testing area, and Experior is not responsible for items left in the reception area.

FAILURE TO FOLLOW ANY OF THESE SECURITY PROCEDURES MAY RESULT IN THE DISQUALIFICATION OF YOUR EXAMINATION. EXPERIOR RESERVES THE RIGHT TO VIDEOTAPE ANY EXAMINATION SESSION.

Special Test Considerations

ACCESSIBILITY

All examination sites are physically accessible to individuals with disabilities. Scheduling services are also available via our Telecommunications Device for the Deaf (TDD) by calling 800.790.3926.

EXAMINATION ACCOMMODATIONS

The Board and Experior recognize their responsibilities under the Federal Americans with Disabilities Act and the California Fair Employment and Housing Act by providing testing accommodations or auxiliary aids or services for candidates who substantiate the need due to a physical or mental disability or qualified medical condition.

Candidates whose primary language is not English may also qualify for accommodations.

Requests for accommodation must be received a minimum of 90 days prior to the desired test date to allow for processing. Accommodations that fundamentally alter the measurement of the skills or knowledge the examinations are intended to test will not be granted.

HOW TO REQUEST ACCOMMODATIONS

Accommodations will not be provided at the examination site unless prior approval by the BBS has been granted. Reasonable, appropriate, and effective accommodations may be requested by submitting a "Request for Accommodation" package. This package is available by contacting the Board or online at www.bbs.ca.gov/bbsforms.htm. Do not call Experior to schedule your examination until you have received written notification from the BBS regarding your request for accommodations.

Study Materials and Courses

The LCSW Examination Plan contained in this Handbook is the official standard for the material that will be covered in the examination. It is important for candidates to study the *Examination Items* section of this handbook and the examination plan. Should the examination plan or format change, ample notice will be provided, and updates will be posted on the Board's Web site at www.bbs.ca.gov.

Candidates are encouraged to trust in and use their clinical education, experience and judgment as a basis for responding to the examination items. Examination preparation courses are not necessary for success in the examination and are not a substitute for education and experience. However, they may be useful for overcoming test anxiety or becoming familiar with the format of an examination.

Should you decide to use examination preparation course materials or workshops, we strongly encourage you to become an informed consumer prior to purchase and to consider the impact that incorrect information could have upon your examination performance.

The Board does not supply examination preparation providers with confidential examination material. Additionally, it is unlawful for candidates to provide information regarding examination content to anyone. Examination preparation providers are regulated by the Bureau for Private, Post-Secondary and Vocational Education.

Examination Items

The LCSW Standard Written examination contains no fewer than 175 multiple-choice items. The examination may contain additional items for the purpose of pre-testing (up to 25 non-scoreable items). Pre-testing allows performance data to be gathered and evaluated before items become scoreable in an examination. These pre-test ("experimental") items,

distributed throughout the examination, WILL NOT be counted for or against you in your score, and will not be identified to you.

All of the scoreable items in the Standard Written examination have been written and reviewed by LCSWs, are based on the job-related task and knowledge statements contained in the examination plan, are written at a level that requires candidates to apply integrated education and supervised experience, are supported by reference textbooks, and have been pre-tested to ensure statistical performance standards are met.

There is only one correct answer for each item. The 'incorrect' answers are typically common errors and misconceptions, true but not relevant statements, or incorrect statements. There are no 'trick' questions in the examination.

EXAMPLE STANDARD WRITTEN EXAMINATION ITEMS

To follow are examples of the format and structure of items you may encounter during the examination. Each multiple-choice item requires the candidate to select the correct answer from among the four options provided.

1. A woman seeks counseling after her 19-year-old adolescent was arrested for driving under the influence. The client reports the incident upset her so badly she has been having difficulty sleeping and has not been able to go to work. What strategy should be used in providing treatment for this client?
 - A. Provide the client with an opportunity to discuss feelings about the adolescent's actions.
 - B. Focus on the immediate tasks the client must perform to achieve equilibrium.
 - C. Encourage the client to use social support networks to assist in coping.
 - D. Refer the client to an Al-Anon family support group.
2. Why should role reversal be used in couples counseling?
 - A. To reinforce the autonomy of the two partners.
 - B. To reinforce the established roles of each partner.
 - C. To increase light hearted interplay between partners.
 - D. To increase empathy and understanding between partners.
3. Which of the following factors should be included in the assessment of a client from a culture that is different from the therapist's?
 - A. Evaluation of socioeconomic variables, determination of any culturally-related issues, and determination of level of acculturation.
 - B. Evaluation of socioeconomic variables, consultation from traditional healers, and administration of psychometric tests.

- C. Evaluation of mental status, determination of any culturally-related issues, and administration of psychometric tests.
 - D. Evaluation of mental status, consultation from traditional healers, and determination of level of acculturation.
4. A middle-aged couple comes to therapy shortly after their last child married. They both share that they are not as close as they used to be and complain of depression and irritability. How should a family therapist treat these clients?
- A. By recommending clients reevaluate their relationship and consider separation.
 - B. By assisting clients to focus on their relationship and evolve in their new roles.
 - C. By reassuring clients that this is a normal reaction and feelings will resolve naturally.
 - D. By encouraging clients to remain active in their children's lives and enjoy their freedom.
5. In which of the following situations should involuntary hospitalization be initiated?
- A. A person indicates a plan and intent to cause self-harm.
 - B. A person demonstrates failure to provide shelter.
 - C. A person refuses necessary medical treatment.
 - D. A person states an intent to kill his boss.
6. Which of the following family members should be identified as the scapegoat using a systems approach?
- A. Child who mediates negative family processes.
 - B. Child who is identified as the source of the problem.
 - C. Parent who rationalizes spouse's absence from work due to alcohol.
 - D. Parentified child who assumes responsibility for maintaining family functioning.
7. An 11-year-old client ran away from home after setting a fire in his parent's garage. In addition, he has been threatening his peers with a knife. What diagnosis is indicated for this client?
- A. Conduct disorder
 - B. Disruptive behavior disorder
 - C. Oppositional defiant disorder
 - D. Childhood disintegrative disorder
8. Which of the following situations would constitute malpractice?
- A. An HIV positive client infects a partner and the therapist did not warn.
 - B. An involuntary client disagrees with the treatment plan and the therapist will not make changes.
 - C. An alcoholic client in recovery begins drinking again after the therapist uses confrontation in the therapy session.
 - D. A depressed client following the treatment plan commits suicide when the therapist cancels multiple appointments with no backup plan.
9. 42-year-old divorced male client is being seen for depression caused by a recent breakup with his fiancée. During a therapy session, he states he has mailed letters to his daughters telling them that he loves them. He also thanks the therapist for the help, but states he is resigned to his feelings and he will not be returning for any more therapy. How should the therapist proceed?
- A. Convince the client that treatment is still needed.
 - B. Refer for intensive outpatient treatment to monitor depression.
 - C. Evaluate for plan, intent, and means to carry out suicide attempt.
 - D. Work with the client to resolve the emotional crisis that he is facing.
10. A mother brings her 10-year-old daughter to therapy after an unfounded abuse investigation was conducted on the girl's father. Since the investigation, the child has been afraid to sleep in her own room, is very demanding of her parents, and continues to have nightmares that her father is being taken away. What should be the immediate short-term objective of therapy with this client?
- A. Encourage the client to forget the incident because it was unfounded.
 - B. Assist the client to explore her emotions and fears about the incident.
 - C. Instruct the parents to set firm limits on the client's bedtime behavior.
 - D. Refer the client to a psychiatrist for a medication evaluation.

*Correct Answers: 1-B, 2-D, 3-A, 4-B, 5-A, 6-B, 7-A, 8-D, 9-C, 10-B

Understanding the Examination Results

At the end of your test, a pass or fail result will be shown on the screen and you will receive a printed score report. Numerical (raw) scores are provided to candidates who fail, but are not provided to candidates who pass. Your test results are confidential and are released only to you and your state licensing agency. To protect your privacy and to maintain the confidentiality of test results, score information is not given over the telephone.

IF YOU FAIL THE EXAMINATION

The score report will indicate the candidate's overall score and grade, including the number of questions answered correctly. It also reveals how the candidate performed on each major section of the test as defined by the LCSW Examination Plan. The number correct in each content area is displayed. The primary purpose in providing a subscore for each part of the examination is to guide candidates in areas requiring additional

preparation for re-testing.

A raw score is reported, but candidates may determine the percentage achieved by dividing the number of questions answered correctly by the total number of scoreable questions in the examination. A sample breakdown is provided on the paper licensing Examination Score Report shown below.

License Examination Score Report for Sample, Sarah A.		
California Licensed Clinical Social Worker Standard Written Examination		
	Number of Questions	Number Correct
LCSW Total Test Score.....	175	100
Biopsychosocial Assessment.....	47	30
Developing a Diagnostic Impression or Problem Description.....	12	7
Planning for Intervention and Therapy	7	4
Clinical Case Management.....	11	6
Application of Theory in Practice	27	15
Providing Therapeutic Intervention...	34	19
Human Diversity	13	6
Legal Requirements for Clinical Practice.....	17	8
Ethical Standards for Professional Conduct.....	7	5
		Score: 100 Grade: Fail

To determine the percentage achieved in the above sample, divide 100 by 175 ($100 \div 175 = 57.2\%$). Candidates may call or write to Exporior to request a duplicate of the score report for a period of one year after completing the examination.

The BBS welcomes constructive feedback from candidates regarding their examination experience. Feedback must be submitted in writing within 30 days after the examination to: Board of Behavioral Sciences, 400 R Street, Suite 3150, Sacramento, CA, 95814-6240. All correspondence should include the candidate's name, address, daytime telephone number, name of examination and date taken, examination site and BBS file number.

Examination Administration Complaints

Exporior's goal is to provide a comfortable and professional testing experience for every examinee. If a disruption or problem occurs which you believe will substantially impact the outcome of your examination, you must document your concerns on the exit survey at the end of your examination. It is suggested that such events also be documented on a Candidate Comment Form available at all test centers.

The Candidate Comment Form is self-addressed to the Department of Consumer Affairs Office of Examination Resources and will be forwarded to the BBS. Complete all information requested on the Candidate Comment Form, stamp it and mail it. If you request to be contacted regarding your comments, the BBS will contact you within 15 days of receiving the form.

The Candidate Comment Form is also a means for examinees to provide constructive feedback regarding your examination experience and/or comment on examination content.

Re-examination

Candidates who fail are eligible to re-take this examination. A Request for Re-examination form will be provided with result notices at Exporior testing centers, or may be obtained by contacting the BBS. A Request for Re-examination form will be mailed to candidates with delayed score reports.

To apply for re-examination, candidates must complete the form and submit it to the BBS with the correct fee. A notice confirming your eligibility for re-examination will be sent approximately 160 days from the date of the examination. Candidates are permitted to take the examination two times in a 12-month period.

CANDIDATES MUST PARTICIPATE IN THE EXAMINATION WITHIN ONE YEAR OF FAILING A PREVIOUS EXAMINATION.

Abandonment of Application/Ineligibility

FIRST TIME EXAMINEES: Title 16, California Code of Regulations Section 1806 (c) states, "An application shall be deemed abandoned if the applicant fails to sit for examination within one (1) year after being notified of eligibility." Abandonment of an application requires the candidate to submit a new application, fee and all required documentation, as well as meet all current requirements in effect at the time the new application is submitted if that candidate wishes to pursue licensure.

RE-EXAMINATION APPLICANTS: Business and Professions Code Section 4996.4 states, "An applicant who fails any written or oral examination may, within one year from the notification date of failure, retake that examination as regularly scheduled, without further application, upon payment of the required examination fees. Thereafter, the applicant shall not be eligible for further examination until he or she files a new application, meets all current requirements, and pays all fees required. Applicants failing to appear for re-examination, once having been scheduled, shall forfeit any re-examination fees paid."

AFTER PASSING THE EXAMINATION

Application for Written Clinical Vignette Examination

Candidates are eligible to apply for the Written Clinical Vignette examination after passing the Standard Written examination.

To apply, candidates must submit a “Request for Examination” (Clinical Vignette) and the required fee to the BBS. Request for Examination forms are provided with candidate result notices, are also available by contacting the Board, and online at www.bbs.ca.gov. A Request for

Examination form will be mailed to candidates with delayed score reports.

Allow three weeks for processing of your Request for Examination and fee.

You will receive notification of eligibility to take the Written Clinical Vignette examination which will include the Written Clinical Vignette Examination Handbook. Handbooks will also be available online at www.bbs.ca.gov.

LICENSED CLINICAL SOCIAL WORKER
Standard Written Examination Plan (Outline)
Effective April 1999 to present

Content Area	Area %	# of Questions
I. Biopsychosocial Assessment	26.86%	47
A. Assessing Impact of Current Environmental and Social Issues		
1. Initial Intake		
2. Impact of Current Environmental Issues		
3. Impact of Current Social Issues		
B. Gathering Developmental and Social History		
1. Developmental History		
2. Social History		
C. Assessing Biological and Psychological Functioning		
1. Biological Functioning		
2. Psychological Functioning		
D. Assessing Risk Factors		
II. Developing a Diagnostic Impression or Problem Description	6.86%	12
III. Planning for Intervention and Therapy	4.00%	7
IV. Clinical Case Management	6.28%	11
A. Coordination of Adjunctive Resources		
B. Client Advocacy and Support		
V. Application of Theory in Practice	15.43%	27
A. Cognitive and Behavioral Theory		
B. Psychodynamic Theory		
C. Systems Theory		
D. Humanistic and Existential Theory		
VI. Providing Therapeutic Intervention	19.43%	34
A. Crisis Management and Support		
B. Individual Counseling		
C. Counseling Couples		
D. Counseling Families		
E. Counseling Children and Adolescents		
F. Therapeutic Issues		
VII. Human Diversity	7.43%	13
VIII. Legal Requirements for Clinical Practice	9.71%	17
A. Protective Issues		
B. Professional Conduct		
IX. Ethical Standards for Professional Conduct	4.00%	7

LCSW Standard Written Examination Plan

Effective April 1999 to present

The following pages contain detailed information regarding examination content. A description of each content area, subarea, and the associated task and knowledge statements are provided. It is important for candidates to use this section as a study guide because each item in the Standard Written examination is linked to this content. To help ensure success on the examination, candidates are also encouraged to use this section as a checklist by considering their own strengths and weaknesses in each area.

I. BIOPSYCHOSOCIAL ASSESSMENT

This area assesses the candidate's ability to identify and assess the impact of biological, psychological, social, environmental and risk factors on client.

A. ASSESSING IMPACT OF CURRENT ENVIRONMENTAL AND SOCIAL ISSUES

1. Initial Intake

This section assesses the candidate's ability to gather information regarding presenting problem and assess client presentation.

TASKS

- Identify the presenting complaint to determine client's experiences of the problem
- Identify current life stage and developmental tasks to determine treatment implications
- Assess client's motivation for seeking assistance to develop effective treatment goals

KNOWLEDGE OF:

- Questioning techniques to elicit client information regarding thoughts and feelings during the interview process
- Age-appropriate techniques to elicit information regarding thoughts and feelings from children during the interview process
- Techniques to evaluate nonverbal communications for congruence with verbal communications
- Common conditions and issues associated with specific developmental or life phases
- The role of client motivation in therapeutic change
- Techniques to facilitate engagement in the therapeutic process with mandated or resistant clients
- Theories of aging that explain biological and cognitive changes
- The effect of social and environmental influences on aging and health

2. Impact of Current Environmental Issues

This section assesses the candidate's ability to assess the impact of environmental stressors on client functioning.

TASKS

- Assess level of substance dependency by evaluating types and patterns of abuse and the effects on overall functioning
- Assess impact of client's substance abuse on family members and significant others to determine need for adjunctive services
- Assess current living conditions to determine impact of the environment on the person in the situation

KNOWLEDGE OF:

- Affective reactions to life stressors or situations that impact psychosocial functioning
- The effect of substance use and abuse on psychosocial functioning
- Physical and behavioral indicators associated with substance abuse
- The psychoactive qualities of substances that contribute to dependence or physical addiction
- Criteria for classifying substance use, abuse and dependency
- The impact of substance use or abuse on family relationships and role functioning

3. Impact of Current Social Issues

This section assesses the candidate's ability to assess the impact of social factors on client functioning.

TASKS
<ul style="list-style-type: none">• Assess socioeconomic factors to determine the impact of financial stressors on current problem• Assess client's limitations to determine client's ability to access resources• Gather information regarding interpersonal and social relationships to identify client's support systems

KNOWLEDGE OF:
<ul style="list-style-type: none">• The relationship between the fulfillment of basic needs and psychosocial functioning• Methods to assess client's ability to access resources• The effect of economic factors and stressors on psychosocial functioning

B. GATHERING DEVELOPMENTAL AND SOCIAL HISTORY

1. Developmental History

This section assesses the candidate's ability to gather a developmental history and assess impact on client functioning.

TASKS
<ul style="list-style-type: none">• Gather information regarding developmental history and milestones to determine course of development progression• Gather information regarding mental history to assist in developing treatment plan and interventions

KNOWLEDGE OF:
<ul style="list-style-type: none">• Developmental processes of individual growth and change• The effect of biological and environmental influences on developmental stages• Behavioral and psychological indicators of developmental disorders

2. Social History

This section assesses the candidate's ability to gather a social history and assess impact on client functioning.

TASKS
<ul style="list-style-type: none">• Gather information regarding client's use of alternative treatments to develop interventions and engagement strategies• Gather information regarding family history to determine the impact of significant relationships and events on current problems• Gather information regarding employment history to determine how patterns of behavior manifest in occupational settings• Assess incidence and extent of trauma to determine impact on current situation• Gather information from significant others to obtain additional information pertaining to client and presenting problem• Collect information from collateral sources to assist in developing clinical assessment and intervention strategies

KNOWLEDGE OF:
<ul style="list-style-type: none">• The effectiveness of combining treatment modalities in treating specific problems or disorders• Methods for assessing the impact of family history on client functioning• The effect of family structure and dynamics on development of role identity and patterns of interpersonal interaction• The interrelationship between client's behavior in the work environment and behavior in other areas of client's life• The effect of previous mental health treatments on current treatment strategies• Psychological and behavioral indicators of abuse• The cycle of abuse that perpetuates intergenerational violence• Types of information available in employment, medical, psychological and school records to provide assessment and diagnostic information• Strategies to gather information from adjunctive resources

C. ASSESSING BIOLOGICAL AND PSYCHOLOGICAL FUNCTIONING

1. Biological Functioning

This section assesses the candidate's ability to gather information regarding biological factors and assess impact on client functioning.

TASKS
<ul style="list-style-type: none">• Gather information regarding physical conditions or symptoms to determine impact on the person in the situation• Assess impact of physical limitation to determine effect on adaptive functioning• Assess impact of medical conditions to determine effect on adaptive functioning• Identify psychiatric and physical symptom or characteristics to determine need for medical referral

KNOWLEDGE OF:
<ul style="list-style-type: none">• The effect of physical conditions on psychosocial functioning• Physiological indicators of psychological distress in assessing client's adaptive functioning• The relationship between medical conditions and psychosocial functioning• Associated features or symptoms that indicate need for psychiatric or medical evaluation

2. Psychological Functioning

This section assesses the candidate's ability to gather information regarding psychological factors and assess impact on client functioning.

TASKS
<ul style="list-style-type: none">• Assess client's coping mechanisms by identifying patterns of reactions and responses to life stressors• Assess mood, affective responses and impulsivity to identify patterns of emotional functioning• Gather information regarding perception and cognition to determine strengths and deficits in cognitive functioning• Identify perceptual, cognitive and personality issues that require referral for psychological testing• Identify perceptual, cognitive and personality issues that require referral for educational testing

KNOWLEDGE OF:
<ul style="list-style-type: none">• Methods for assessing adaptive and maladaptive coping mechanisms in dealing with life stressors• The effect of mood disturbance on psychosocial functioning• Psychological, cognitive and behavioral factors that indicate need for further testing• Theories of stages of cognitive development

D. ASSESSING RISK FACTORS

This subarea assesses the candidate's ability to identify and evaluate risk factors and apply intervention strategies to provide for client and others' safety.

TASKS
<ul style="list-style-type: none">• Assess for suicidal potential by evaluating client's intent, means and history to determine need for immediate intervention• Evaluate level of danger client presents to others to determine need for immediate intervention• Evaluate self-destructive and/or self-injurious behavior to determine need for immediate intervention• Evaluate client for grave disability to determine need for immediate intervention

KNOWLEDGE OF:
<ul style="list-style-type: none">• Risk factors that indicate high potential for suicide within age, gender and cultural groups• Physical and psychological indicators of suicidality• Techniques for providing suicide interventions in emergency situations• Risk factors that indicate client's potential for causing harm to others• Reporting requirements regarding duty to warn when client indicates intent to harm others• Physical and psychological indications of self-destructive and/or self-injurious behavior• Intervention strategies to reduce incidence of self-destructive/self-injurious behavior• Risk factors that indicate high potential for self-destructive/self-injurious behavior within clinical populations• Legal criteria for assessing grave disability of client to establish need for food, shelter or clothing

II. DEVELOPING A DIAGNOSTIC IMPRESSION OR PROBLEM DESCRIPTION

This area assesses the candidate's ability to use assessment information to develop a problem formulation or diagnosis.

TASKS

- Identify extent of impairment to determine pervasiveness of the problem and target areas for intervention
- Identify onset or initial presentation of symptoms to determine duration of the problem
- Identify persistence of symptoms to determine if problem is acute or chronic
- Identify psychological and environmental stressors to determine impact on symptomatology
- Identify precipitating events surrounding the problem to determine contributing factors
- Collaborate with other professionals to develop a diagnosis or problem formulation
- Develop a clinical diagnosis or problem formulation to provide basis for interventions

KNOWLEDGE OF:

- Methods for prioritizing symptoms to determine target areas for improving functioning
- The relationship between onset of signs and symptoms and duration of the problem
- The relationship between persistence of symptoms and the course of the problem
- The relationship between psychosocial and environmental factors and symptom development
- Methods for differentiating between disorders that share common symptoms
- The social work diagnostic framework for identifying and evaluating clinical problems
- Situations that require consultation with other professionals in developing or clarifying a diagnosis or problem formulation
- DSM classifications of symptoms and disorders
- The clinical process of developing a diagnosis or problem description to clarify therapeutic issues

III. PLANNING FOR INTERVENTION AND THERAPY

This area assesses the candidate's ability to develop a treatment plan based on assessment and diagnostic information. In the treatment plan, the candidate prioritizes interventions and develops strategies to monitor effects of collateral support systems, monitor progress toward outcomes and plan for termination.

TASKS

- Determine level of intervention to be provided by evaluating areas and degree of impairment
- Select therapeutic interventions by evaluating presenting problem in conjunction with treatment goals
- Develop a preliminary termination plan to provide a structure for treatment
- Identify collateral support systems to consider participation in interventions
- Determine evaluation criteria to monitor progress toward goals and objectives

KNOWLEDGE OF:

- The differential use of psychotherapeutic techniques in treating problems or disorders
- Procedures for evaluating therapeutic change in preparation for termination
- The effects of including collateral support systems in therapy
- Procedures to assess qualitative and quantitative therapeutic change

IV. CLINICAL CASE MANAGEMENT

This area assesses the candidate's ability to coordinate adjunctive resources, advocate for the client and empower the client.

A. COORDINATION OF ADJUNCTIVE RESOURCES

This subarea assesses the candidate's ability to identify and coordinate community and support services based on client need.

TASKS

- Coordinate mental health services for at-risk psychiatric clients to promote stability in the least restrictive environment
- Follow-up with non-compliant psychiatric clients who are "at risk" to facilitate engagement in treatment
- Collaborate with other professionals to provide therapeutic milieu to manage psychiatric client's symptomatology
- Collaborate with physician/psychiatrist regarding the effects and contraindications of psychotropic drugs to maximize therapeutic effectiveness with clients
- Provide transitional services to psychiatric client by coordinating access to therapeutic or community programs
- Provide resources and/or interventions to facilitate psychiatric client's adaptation in the community
- Determine need for specialized psychotherapy referral to deal with issues influencing current problem
- Provide information to client regarding sources of assistance for basic financial needs criteria for determining least restrictive environment to provide for care and safety of client

KNOWLEDGE OF:

- Methods for use of a multidisciplinary team approach to treatment
- The effect of psychotropic medications on therapeutic interventions
- The relationship between biochemistry and psychiatric disorders
- The effects of client noncompliance with medications and medical orders prescribed to treat problem or disorder
- Symptoms and side effects of medications and disorders
- Methods for assessing clients who are at risk for decompensation and hospitalization
- Strategies for identifying activities within client's ability
- The benefits of integrative living within the community on client's social functioning
- Methods to identify community support services that enhance social skills for clients with disabling conditions
- Specific mental health conditions that indicate the need for specialized psychotherapies
- Federal, state, and local public and private social services that provide assistance with basic needs

B. CLIENT ADVOCACY AND SUPPORT

This subarea assesses the candidate's ability to advocate for and empower the client to promote self-determination and self-reliance.

TASKS

- Provide psychoeducation regarding biochemical nature of disorder to client and family to reduce stigmatization and increase empowerment
- Provide supportive counseling to psychiatric client to increase compliance with medical and pharmacological interventions
- Advocate for mental health services for psychiatric clients to prevent decompensation
- Provide psychosocial information to families regarding environmental and biological components that impact development
- Advocate for health services by contacting providers regarding necessity to assist client in receiving medical care
- Advocate for protective placement to assist client to escape dangerous environment
- Advocate on behalf of client within legal or judicial system

KNOWLEDGE OF:

- The effects of social stigmatization associated with mental illness
- The benefits of psychosocial education regarding nature of mental disorders
- The effect of mental disorders on psychosocial functioning
- The relationship between feelings of productivity and psychosocial functioning
- The concept of advocacy in acting in a professional capacity to link client with needed resources

V. APPLICATION OF THEORY IN PRACTICE

This area assesses the candidate's ability to apply theory to practice using cognitive/behavioral, psychodynamic, systems and humanistic/existential models.

A. COGNITIVE AND BEHAVIORAL THEORY

TASKS

- Apply a problem solving approach to therapy to deal with the problem as it impacts current functioning
- Determine baseline levels of maladaptive behaviors to measure therapeutic change
- Determine antecedents of maladaptive behaviors by identifying internal and/or external stimuli leading to undesired responses
- Provide social skills training to modify maladaptive interpersonal behavior
- Implement desensitization techniques to reduce anxiety or fearful reactions in response to stressful situations
- Identify role of cognition in maintaining maladaptive behavior by identifying how thought processes influence behaviors
- Implement techniques to increase rational thought to enhance problem-solving and decision-making ability
- Implement techniques to assist client to generalize successful behaviors to new situations
- Modify client's environment by limiting stimuli that elicit undesired behaviors or by increasing stimuli that elicit desired behaviors
- Instruct client in techniques to generate rational thoughts and attitudes to assist development of adaptive behaviors

KNOWLEDGE OF:

- Techniques to identify presenting problem in terms of client's current experiences
- Behavior modification techniques to change behavioral responses to internal and external stimuli
- The principles of learning theory to explain the acquisition of behaviors
- Stress management techniques to reduce anxiety or fearful reactions
- The effect of cognition on interpretation of behavioral responses
- Cognitive restructuring techniques to change maladaptive thought patterns

B. PSYCHODYNAMIC THEORY

TASKS

- Apply an insight approach to therapy to determine the interrelationship between past events and current behaviors
- Identify use of defense mechanisms to assist client to recognize problematic thoughts, emotions and consequences
- Analyze impact of past experiences to determine influence on present life patterns
- Implement psychodynamic techniques to bring preconscious processes into conscious awareness
- Identify transference to assist client to work through unresolved conflicts
- Identify countertransference to modulate impact on the therapeutic process

KNOWLEDGE OF:

- The concept of unconscious processes on emotions and reactions
- The concept of insight in successful resolution of past trauma or conflict
- Techniques to identify resistance to treatment
- The protective function of defense mechanisms against anxious or emotional issues
- The effect of events in client's past on current experiences
- Psychoanalytic techniques for resolving emotional conflict or trauma
- The concept of transference as an expression of unresolved issues
- The concept of countertransference as therapist's reactions and feelings in response to client's therapeutic issues

C. SYSTEMS THEORY

TASKS
<ul style="list-style-type: none"> • Apply a systems approach in therapy to determine impact of interactions between the person and the environment • Identify transactional patterns among systems to determine sources of tension • Determine impact of multigenerational interactional patterns on current level of functioning by evaluating history of family relationships • Assist client to restructure interactions by reframing client's perception of power structure within the system • Implement techniques to increase client's individuation by establishing clear and permeable boundaries within systems

KNOWLEDGE OF:
<ul style="list-style-type: none"> • Methods for identifying interconnections and interdependence within social systems • The concept of feedback as it relates to the adjustment of a system • Techniques to identify multigenerational transmission of patterns and interactions that impact client functioning • The concept of homeostasis in maintaining system structure and balance of power • Therapeutic techniques to increase individuation within existing system structures • Therapeutic methods to establish individual and system boundaries

D. HUMANISTIC AND EXISTENTIAL THEORY

TASKS
<ul style="list-style-type: none"> • Apply a nondirective approach to therapy by following the client's lead to permit change to occur at client's pace • Develop therapeutic techniques to integrate thoughts, feelings and actions to assist client to achieve congruence of self • Provide unconditional positive regard by demonstrating genuine acceptance to assist client to develop a positive sense of self-worth • Establish a supportive environment by providing unconditional positive regard toward client

KNOWLEDGE OF:
<ul style="list-style-type: none"> • The holistic theory regarding the human tendency to self actualize and optimize creative potential • The experiential techniques to assist client to achieve self-awareness and high self regard • The effect of unconditional positive regard in facilitating therapeutic effectiveness • The concept of empathy to demonstrate interest in client's feelings and experiences

VI. PROVIDING THERAPEUTIC INTERVENTION

This area assesses the candidate's ability to provide a range of interventions specific to client's needs.

A. CRISIS MANAGEMENT AND SUPPORT

This subarea assesses the candidate's ability to support and manage a client in crisis.

TASKS
<ul style="list-style-type: none"> • Provide direct support services for family members to meet the needs of "at risk" children • Coordinate support services for families to provide for the needs of "at risk" children • Assess for previous loss or trauma to determine impact on current crisis • Evaluate nature and severity of current crisis to determine intervention strategy • Determine client's level of functioning prior to crisis to establish goals for improving current crisis functioning • Assist client to process crisis issues by dealing with emotions associated with traumatic event • Develop a stabilization plan with client in crisis to prevent further decompensation • Implement techniques that improve adaptive functioning to facilitate client adjustment to life changes resulting from crisis

KNOWLEDGE OF:
<ul style="list-style-type: none"> • Different types of supportive services to strengthen family system • Criteria to determine situations that constitute high risk for abuse • The effect of client's prior coping patterns and life experiences on adjustment to trauma • Counseling techniques to facilitate client's processing of traumatic event and associated emotions • The stages of the grieving process that occur in response to traumatic or crisis event • The effect of crisis on emotional and psychological equilibrium • Counseling techniques to assist client in crisis to regain emotional balance • Therapeutic techniques for improving adaptive functioning of client in crisis

B. INDIVIDUAL COUNSELING

This subarea assesses the candidate's ability to provide a range of interventions specific to individual clients' needs.

TASKS
<ul style="list-style-type: none">• Provide social skills training to improve client's ability to develop and maintain relationships with others• Provide assertiveness training to promote client's self esteem and self confidence• Provide counseling to survivor of abuse to deal with impact of experience on client's life• Implement counseling techniques with client to deal with issues or emotions underlying aggressive behavior• Provide anger management training to client to manage aggressive impulses• Determine the need for treatment program based on clinical evaluation of severity of substance abuse and impairment to client functioning• Provide counseling to client with substance abuse problem to deal with contributing factors and dynamics of substance abuse• Provide supportive counseling to client dealing with gender identity or sexual orientation issues to facilitate psychosocial adjustment• Provide grief counseling to client dealing with terminal or chronic illness to facilitate psychosocial adjustment• Provide supportive counseling to elderly clients and their families to deal with physical and psychological effects of aging

KNOWLEDGE OF:
<ul style="list-style-type: none">• The effect of patterns of interpersonal relations on ability to maintain social relationships• The effect of client's sense of personal effectiveness on self-esteem• The relationship between client self-esteem and client functioning• The psychological characteristics and emotional reactions of survivors of assault• Counseling techniques to assist survivor of assault to work through feelings associated with the experience• Therapeutic techniques to decrease violent or aggressive behavior• Counseling techniques to facilitate client's recognition of emotional and psychological sources of anger• The biological and psychological aspects of chemical addiction• Intervention methods for treating substance dependency• Counseling techniques for dealing with physical, emotional and psychological issues that contribute to substance use and abuse• Relapse prevention methods to assist clients in recovery to maintain abstinence• Counseling techniques to assist client's psychological adjustment to sexuality issues• Counseling techniques to assist client to adjust to physical, cognitive and emotional changes associated with the aging process• Therapeutic techniques to increase elderly client's feelings of self-worth• The relationship between physical and cognitive activity and adjustment to later adulthood

C. COUNSELING COUPLES

This subarea assesses the candidate's ability to provide a range of interventions specific to client couples' needs.

TASKS
<ul style="list-style-type: none">• Determine goal of couple's therapy by evaluating each individual's motivation• Identify patterns of interaction between partners to determine positive and negative impacts on relationship• Implement communication techniques with couples to promote mutual disclosure and discussion• Identify strategies couples can implement to balance external responsibilities with personal relationship• Implement therapeutic techniques to establish or strengthen individual roles and identities within the couple relationship

KNOWLEDGE OF:
<ul style="list-style-type: none">• Dimensions of relationships that result in problems or conflicts• Methods for assessing maladaptive functioning in interpersonal relationships• Methods for teaching techniques to improve communication between clients• Techniques to increase intimacy within couple relationships• The impact of external pressures on the intimacy needs of couples• The effect of unrealistic role assignments on relationships• Issues resulting from dissolution of committed relationships• Stressors resulting from adjusting to new marriage/relationship• The dynamics of the marriage/partner relationships that shape and change the relationship

D. COUNSELING FAMILIES

This subarea assesses the candidate's ability to provide a range of interventions specific to client families' needs.

TASKS
<ul style="list-style-type: none">• Provide parenting skills training to improve caregivers' ability to care for children• Identify patterns of interaction among family members to determine sources of conflict• Implement strategies for changing disruptive interaction styles to strengthen family cohesion• Identify family of origin influences to understand impact on present family functioning• Assist clients to clarify new family roles to facilitate adjustment to blended family structure• Identify strategies for maintaining parent/child relationships to minimize effect of separation or divorce• Provide information to clients regarding developmental stages of the family to facilitate understanding of family change

KNOWLEDGE OF:
<ul style="list-style-type: none">• Parenting skills necessary to provide for care of children• Counseling techniques to strengthen or reestablish family roles• The impact of communication and interactional styles on relationships• Techniques to identify different power bases within family structure• Therapeutic interventions to improve family transactions• The implications of family history for understanding its influence on current family functioning• The family life cycle that results in transitions and changes in status• Behavioral and emotional responses in children resulting from parental separation or divorce• The stages of developmental changes that occur within the family system

E. COUNSELING CHILDREN AND ADOLESCENTS

This subarea assesses the candidate's ability to provide a range of interventions specific to children and adolescent clients' needs.

TASKS
<ul style="list-style-type: none">• Instruct children regarding self-control techniques to promote awareness of actions and consequences• Identify separation issues in parent-child relationship to promote age-appropriate individuation• Identify possible deficits in child's developmental level to determine need for further evaluation• Provide counseling to adolescent client to deal with issues associated with the biological, psychological and social transition from childhood to adulthood• Provide information and resources to parents regarding growth and development of children• Demonstrate adaptive methods for relating to peers and siblings to improve child's social functioning

KNOWLEDGE OF:
<ul style="list-style-type: none">• Techniques to educate children regarding the relationship between behavior and consequences• Behaviors or reactions that indicate problematic separation or attachment issues• Therapeutic techniques to develop age- or situation-appropriate individuation• Behavior management interventions which reduce disruptive behavior in a variety of environments• Common psychological reactions related to physical changes of adolescence and young adulthood• Significant issues and life events associated with adolescence and early adulthood• The relationship between interpersonal interactions and social functioning

F. THERAPEUTIC ISSUES

This subarea assesses the candidate's ability to facilitate development of the treatment process.

TASKS	KNOWLEDGE OF:
<ul style="list-style-type: none">• Educate client regarding the therapeutic process to promote client's self-determination• Determine effectiveness of therapeutic interventions by evaluating progress toward treatment objectives• Prepare for termination with client by reviewing progress attained• Develop a termination plan with client to maintain therapeutic progress after treatment has ended	<ul style="list-style-type: none">• Techniques for therapeutic use of self to maximize therapeutic alliance• The stages of the client/therapist relationship and how it progresses over time• The concept of self-determination to recognize the client as the agent of change• Methods for formulating behavioral indicators for measuring therapeutic change• Techniques to consolidate therapeutic gains to maintain achievements outside therapy• Changes in client functioning that indicate readiness to terminate therapy

VII. HUMAN DIVERSITY

This area assesses the candidate's ability to evaluate the effects of human diversity factors on the client's social functioning, values, beliefs, identity and family dynamics. This area also assesses the candidate's ability to integrate human diversity factors into the therapeutic relationship.

TASKS	KNOWLEDGE OF:
<ul style="list-style-type: none">• Gather information regarding client's experience of life stressors within context of client's race, culture, country of origin, age, gender, religion, sexual orientation, marital status and level of ability• Gather information regarding role identification within context of client's race, culture, country of origin, age, gender, religion, sexual orientation, marital status and level of ability• Identify client's value and belief systems to determine impact on behavior• Identify client and therapist values that impact the counseling process to direct therapeutic approach• Identify cultural help-seeking behaviors to understand ways by which client presents with psychological or physical problems• Assess for language barriers that would impede therapeutic progress to determine if treatment can be provided• Gather information regarding cultural community networks to identify resources and sources of support• Identify nature of parent-child relationships by evaluating family structure within client's cultural identity• Identify differences in multigenerational acculturation to determine source of value conflicts between family members• Implement therapeutic techniques congruent with client's racial, cultural, country of origin, gender, sexual orientation, marital status or level of ability to provide responsive treatment	<ul style="list-style-type: none">• Transitional crises created by immigration and acculturation• The effects of racism and discrimination on development of self-concept• The effect of gender role expectations and stereotypes on the individual over the life span• The effect of culture, ethnicity and socialization on development of role identification and expectations• Effect of cultural, racial and ethnic values and beliefs on behavior• The effect of differences between therapist and client's values on therapy process• The impact of cultural factors on ways client seeks assistance for psychosocial problems• Cultural beliefs regarding therapy and mental health• The effect of language differences on the therapeutic process• The benefits of the use of community support systems and resources available to different cultural groups• The impact of cultural views regarding family structure and values• The effect of differences in multigenerational acculturation on family structure and values• Culturally-competent interventions to provide services to diverse populations• Techniques for establishing a therapeutic framework with diverse populations

VIII. LEGAL REQUIREMENTS FOR CLINICAL PRACTICE

This area assesses the candidate's ability to recognize and apply legal mandates to clinical practice.

A. PROTECTIVE ISSUES

This subarea assesses the candidate's ability to determine situations in which mandatory reporting obligations exist to protect client and others.

TASKS

- Report known or suspected abuse or neglect of a child to initiate investigation by protective authorities
- Report known or suspected abuse of a dependent adult client to initiate investigation by protective authorities
- Evaluate client's level of danger to self or others to initiate protective involuntary hospitalization
- Release pertinent confidential information to authorities to initiate protective action when client is a danger to self or others

KNOWLEDGE OF:

- Criteria for evaluating abuse or neglect of children to determine safety in the environment
- Reporting requirements regarding client's intent to harm others
- Mandatory and discretionary reporting requirements regarding situations of suspected or known abuse
- Legal criteria for determining situations requiring involuntary hospitalization

B. PROFESSIONAL CONDUCT

This subarea assesses the candidate's ability to identify and maintain clinical and business practices in accordance with legal obligations.

TASKS

- Maintain boundaries with client by adhering to legal guidelines regarding sexual relations, contact and conduct
- Provide accurate information to client regarding education, professional qualifications and professional affiliation
- Implement therapeutic techniques congruent with professional competence to provide services within scope of practice
- Obtain client's written permission to disclose privileged information to protect client's right to privacy
- Provide client with information regarding fee for service prior to initiating treatment
- Maintain awareness of impropriety involving the offer, solicitation or acceptance of money or other consideration for referral of services

KNOWLEDGE OF:

- Laws regarding sexual contact between therapist and client and other sexual misconduct by therapist
- Laws regarding advertisement and dissemination of information of professional qualifications, education and professional affiliations
- Laws which define the boundaries and scope of clinical practice
- Laws regarding privileged communication to protect client's rights and privacy
- Conditions and requirements for disclosing confidential material to other individuals, agencies or authorities
- Laws regarding disclosing fees for professional services
- Laws regarding payment or acceptance of money for referral of services

IX. ETHICAL STANDARDS FOR PROFESSIONAL CONDUCT

This area assesses the candidate's ability to identify and manage ethical issues that impact the therapeutic relationship.

TASKS

- Identify clinical issues outside therapist's experience or competence to refer to other professionals for treatment
- Identify dual/personal relationship issues that impact the therapeutic relationship
- Identify own physical or cognitive impairments to determine impact on ability to provide professional services
- Disclose exceptions to confidentiality to inform client of limitations of privileged communication
- Provide client with reasonable notification and referral resources when treatment must be interrupted or terminated

KNOWLEDGE OF:

- Limitations of professional experience, education and training to determine issues outside therapeutic competence
- Business, personal, professional and social relationships that create a conflict of interest within the therapeutic relationship
- Criteria for determining competency to practice
- Ethical considerations and conditions for interrupting or terminating treatment
- Ethical responsibility to disclose limits of confidentiality to inform client of reporting requirements

CALIFORNIA TESTING CENTERS

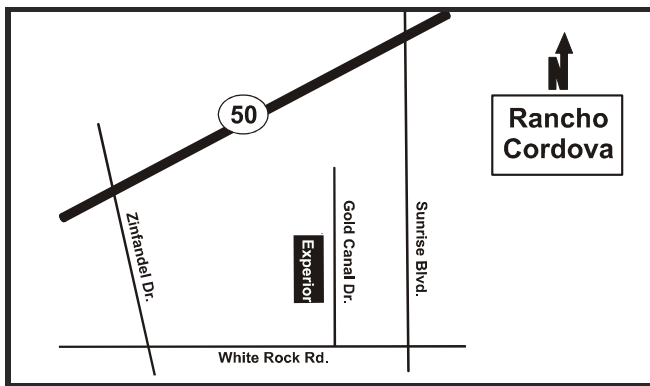
If you are unfamiliar with the area, please contact the testing center during testing hours for directions. Please direct registration, scheduling and any other questions to Experior at 800.790.3926

MAPS ARE NOT DRAWN TO SCALE.

Rancho Cordova Center

3110 Gold Canal Drive, Suite E
Rancho Cordova, CA 95670
Phone: 916.851.8340

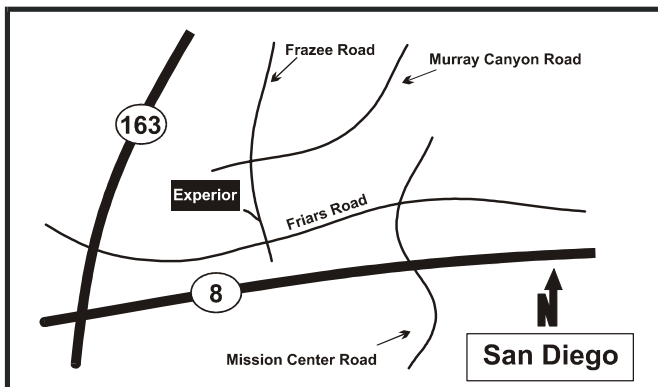
From Hwy 50, take either the Sunrise Blvd. or Zinfandel Dr. exit and head south. Turn on White Rock Rd. and turn again onto Gold Canal Dr. The Experior testing center is on your left. Turn into the first driveway on your left to park in front of the building. Additional parking is available around the building.



San Diego Center

1450 Frazee Road, Suite 410
San Diego, CA 92108
Phone: 619.574.1840

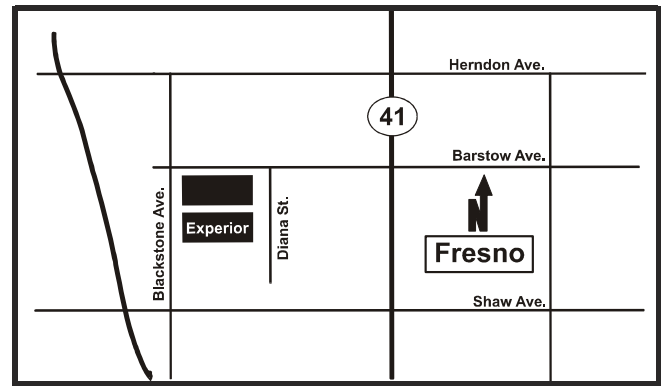
From Highway 163, take the Friars Road exit east to Frazee Road. Turn left (north) on Frazee Road. The Experior testing center is in the building on your left. Parking is available all around the building.



Fresno Center

125 E. Barstow Avenue, Suite 136
Fresno, CA 93710
Phone: 559.226.3334

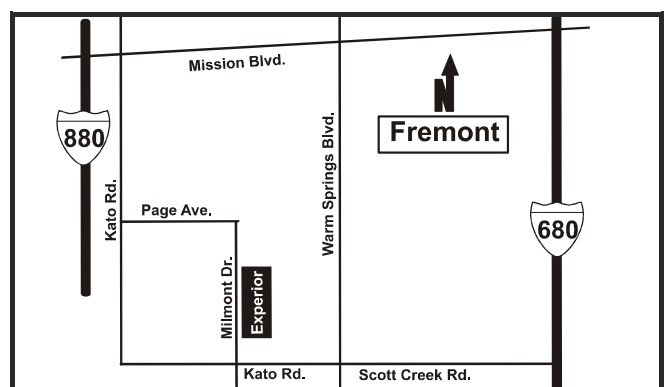
From Hwy 41, exit west on Shaw; turn right (north) on Blackstone. From northbound I-99, exit east on Shaw; turn left (north) on Blackstone. Turn right (east) on Barstow. At 125 E. Barstow, turn right on Diana, and then right into the parking area. The Experior testing center is located in the second building from Barstow. Parking is available around the building.



Fremont Center

48860 Milmont Drive, Suite 103C
Fremont, CA 94538
Phone: 510.687.0821

From I-880, take the Mission Blvd. exit and head east; turn right (south) on Warm Springs Blvd., right again on Kato Rd. and right again on Milmont Dr. From I-680, take the Scott Creek Rd. exit and head west; Scott Creek Rd. becomes Kato Rd.; turn right on Milmont Dr. The Experior testing center is on your right. Parking is available around the building.



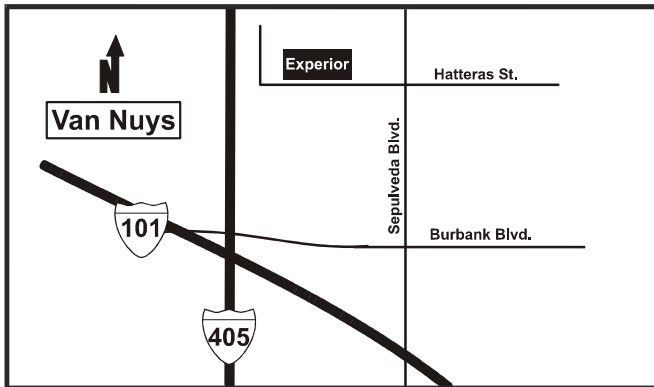
CALIFORNIA TESTING CENTERS (cont.)

Note: Maps are not drawn to scale.

Van Nuys Center

John Laing Holmes Building
5805 Sepulveda Blvd., Suite 601
Van Nuys, CA 91411
Phone: 818.781.9981

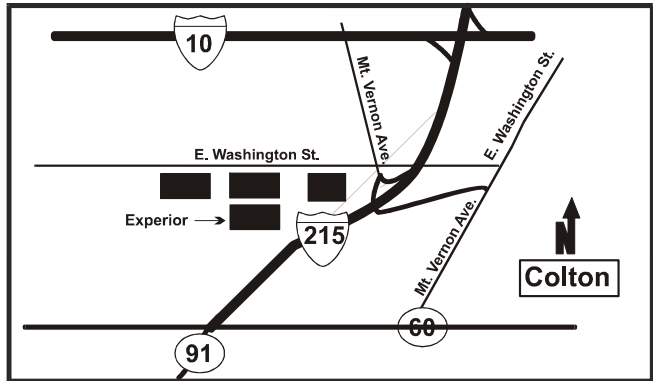
From I-405, take the Burbank Blvd exit and head east; turn left (north) on Sepulveda Blvd. The Experior testing center is located at the intersection of Sepulveda and Hatteras. Paid parking is available in the lot; free parking may be available on the street.



Colton Center

Rancho Las Palomas
1060 E. Washington Street, Suite 110
Colton, CA 92324
Phone: 909.783.2255

From I-215, take the Mt. Vernon Ave. exit; head west on E. Washington St.. The Experior testing center will be on your left, in the two-story Rancho Las Palomas building behind Del Taco. Parking is available around the building.

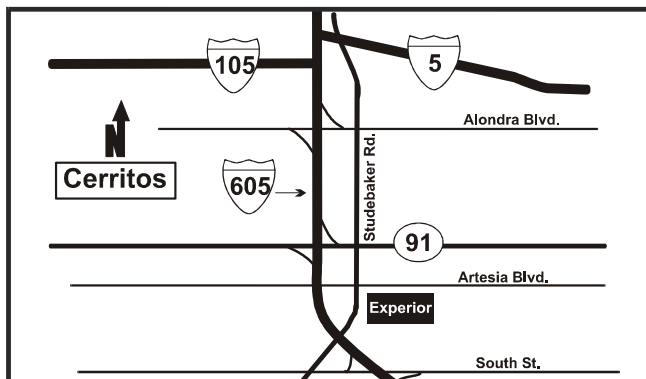


Cerritos Center

Caremore Building
18000 Studebaker Road, Suite 680
Cerritos, CA 90703
Phone: 562.860.1748

From I-605 South, take the Alondra Blvd exit, turn left (east) on Alondra Blvd and right (south) on Studebaker.

From I-605 North, take the South Street exit; turn left (west) on South St. and right on Studebaker. Parking is available around the building.



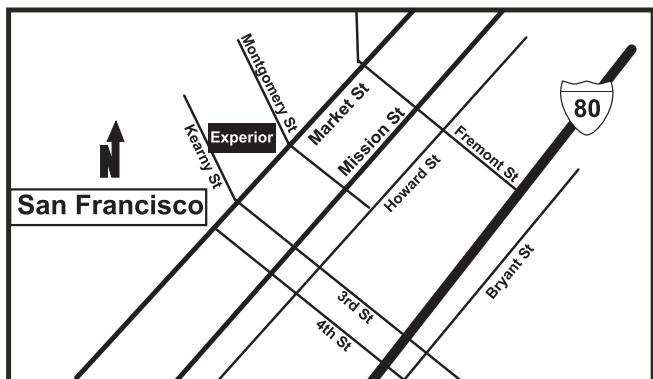
San Francisco Area Center

222 Kearny Street, Suite 603
San Francisco, CA 94108
Phone: 415.834.1357

From I-80 heading south, take the Fremont Street exit and turn left. At the first intersection, turn left onto Howard Street. Turn right onto 3rd Street, which becomes Kearny Street. Experior is on the right-hand side of the road.

From I-80 heading north, take the 4th Street exit toward Embarcadero. Turn a slight left onto Bryant Street, then left onto 3rd Street. 3rd Street becomes Kearny Street. Experior is on the right-hand side of the road.

Parking is available nearby. Please be prepared to pay for your parking. The nearest BART location is at the intersection of Montgomery Street and Market Street. The building is also accessible by MUNI.



BOARD OF BEHAVIORAL SCIENCES
400 R ST., SUITE 3150, SACRAMENTO, CA 95814-6240
TELEPHONE: 916.445.4933 TDD: 916.322.1700
WEBSITE ADDRESS: www.bbs.ca.gov



STATE OF CALIFORNIA
NOTICE OF ELIGIBILITY
(N-36 REV 01/04)

You are eligible to participate in the Standard Written examination for licensure as a Licensed Clinical Social Worker. This is the **ONLY** notice of eligibility you will receive from the BBS for this examination. Please retain it for your records. Your address label below contains important date information. In the upper left corner of the address label (above your name) is the date your application for examination was approved; following that is the date by which you must take your examination. **You must take the Standard Written examination by the date specified on the label or you will be required to reapply** (see *Abandonment of Application/Ineligibility* on Page 6 of this handbook).

This handbook provides important information regarding Standard Written examination procedures and content. To schedule your examination, please refer to the instructions in this handbook. Schedule your examination early to get your preferred test center location and date, preferably within 90 calendar days of your eligibility date.

Upon passing the Standard Written examination, you are eligible to apply to take the Written Clinical Vignette examination. Please refer to Page 7 of this handbook for Written Clinical Vignette examination information.

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